

Best Available Copy

ISSUE SLIP STAPLE AREA-(for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SS	413 573	07/19/00 04/09/01
RESPONSE FORMALITY REVIEW	M.D.	625	08-01-02

INDEX OF CLAIMS

- | | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

20/10/00
25/5/00